

Privatization of health services

3284. SHRI TARIQANWAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have any proposal for increasing privatization of health services in the country;

(b) if so, the details thereof; and

(c) whether Government have worked of safeguarding the interests of the poor people before granting permission?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) No, Sir. Privatization of health services in the country has not been envisioned under the National Rural Health Mission. The Government seeks to focus on strengthening the public health system for providing better health service delivery, particularly to the poor of the country. Partnerships with the non-governmental providers is also part of the strategy to reach quality health services in rural areas.

Anaemia in pregnant women

3285. SHRI VIJAY J. DARDA:
SHRIMATI SYEDA ANWARA TAIMUR:
DR. ABHISHEK MANU SINGHVI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that anaemia in pregnant women causes 20 per cent of the infant mortality and that nearly nine out of 10 pregnant women between 15 and 49 years are malnourished and anaemic;

(b) if so, whether Government propose to launch a targeted programme, with active co-operation of the State Governments to rectify this position and what is the time-frame set for the same in the Eleventh Five Year Plan and at what extent the problem would be solved;

(c) what is the financial outlay per annum for going ahead with such a scheme;

(d) whether any study has been conducted in the past to have a holistic approach towards finding a solution to this sorry state of affairs; and

(e) what are the causes of this state of affairs in the 60th year of Independence?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Severe anaemia in women can be an important cause of infant mortality. According to National Family Health Survey (NFHS-III), 2005-06, the Infant mortality rate is 57 per 1000 live births and 57.8% of pregnant women in the age group 15-49 years are anaemic.

(b) Government has initiated several measures including National Rural Health Mission (NRHM) to improve the health and nutritional status including anaemia amongst the people. The various measures are given in Statement (See below).

(c) The financial outlay for 2007-08 for NIDDCP is Rs. 25 crore. In addition funding for the purpose is also included in the flexipool funding for RCH-II.

(d) and (e) Anaemia is a multifaceted problem. The important reasons for widespread anaemia are inadequate intake and absorption of iron from cereal based diet, inadequate consumption of green leafy vegetables and citrus fruits, frequent pregnancies with shorter intervals, high prevalence of infections and infestations including malaria, faulty feeding practices and lack of dietary diversification. Apart from aforesaid factors, illiteracy, poverty and general economic development have a bearing on the incidence of anaemia among people of our country.

Statement

Measures to improve the nutritional status including Anaemia

Government has initiated various measures to improve the nutritional status including anaemia in the population. The measures are:

1. The Government of India has launched the National Rural Health Mission (NRHM) in order to improve the availability of and access to quality health care. Under this Mission, the Reproductive and Child Health Programme (RCH-II) for Anaemia Control, provides iron and folic acid (IFA)

tablets to all pregnant and lactating women and preschool children. To reduce mortality and morbidity in under 5 children Integrated Management of Neonatal Childhood Illness (IMNCI) has been launched under RCH-II in at least 125 districts of the country. Under this strategy, in addition to other interventions, children with anaemia are treated with iron and folic acid tablet (pediatric). Prophylactic IFA tablets is given for a total 100 days in a year to all children above 6 months of age. This strategy also lays stress on improving nutrition status of children by breast feeding and counseling for appropriate complementing feeding.

The other important interventions under NRHM include Janani Suraksha Yojana wherein cash incentives are provided for delivering a child at the health institution. A village link worker namely Accredited Social Health Activist (ASHA) who will orient the community on the important of Nutrition and shall be provider of IFA tablets besides orienting the community on other health related issues.

2. Supplementary feeding through programmes like Integrated Child Development Services (ICDS) scheme. Children in the age group 0-6 yrs receive supplementary nutrition, immunization, preschool education etc. Supplementary food to pregnant women/nursing mothers to the extent of 500 Calories and 20—25 g protein per day is also provided along with nutrition and health education. One of the recent steps to increase the effectiveness of service under ICDS is the provision of 50% of Recommended Dietary Allowance (RDA) of micronutrients through supplementary food.

Supplementary food is also provided through National Programme of Nutritional Support to Primary Education (Mid-day Meal Programme) to school going children.

3. A National Nutrition Policy was adopted in 1993 and the National Plan Action on nutrition is being implemented through various departments of Government of India. Now a National Nutrition Mission has been set up to deal with all nutritional problems through a Mission mode approach.

4. Nutrition Education to increase the awareness and bring about desired changes in the dietary practices including the promotion of breast feeding and dietary diversification.

5. Programmes for prevention on Specific Micronutrient Deficiency disorders other than iron deficiency.

- (i) Prophylaxis Programme to prevent Nutritional Blindness due to Vitamin A deficiency. This is also under the RCH programme.
- (ii) National Iodine Deficiency Disease Control Programme (NIDDCP).
- (iii) Pilot Programme for control of Micronutrient Deficiencies.

Treatment in charitable hospitals

†3286. DR. PRABHA THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the fact that treatment in many renowned charitable hospitals become more costly than the five star hotels;

(b) the provisions made for the treatment of common man in such hospitals;

(c) whether Government have formulated any policy to provide treatment facilities on reasonable charges to common man in these charitable hospitals;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) Health being a State subject, it is for the State Government to regulate the functioning of charitable hospitals and to ensure availability of treatment facilities on reasonable charges to common man.

Committee on controlling of female foeticide

†3287. SHRI BALAVANT ALIAS BALAPTE:

SHRI SHREEGOPAL VYAS:

SHRI VINAY KATIYAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the graph of foeticide and the difference in the ratio of boy-girl are on rise in the country;

†Original notice of the question was received in Hindi.